

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012966

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3615

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 12 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN **St. Louis**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Anthony Hospital**

Inside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

c. CITY OR TOWN **Mo. St. Louis**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**2702 So. 13th St.**

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

**LOUIS**

**J.**

**MARKUS**

**Apr.**

**5**

**1962**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**9-8-1887**

## 9. AGE (last birthday)

**74**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Punch Press Operator (Retired)**

## 10b. KIND OF BUSINESS OR INDUSTRY

**American Car & Fdy. Co.**

## 11. BIRTHPLACE (City and state or country)

**Hungary**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**John Markus**

## 13b. MOTHER'S MAIDEN NAME

**Anna Unknown**

## 14. NAME OF HUSBAND OR WIFE

**Elizabeth Markus**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

**None**

## 17. INFORMANT

Address

**Elizabeth Markus 2702 So. 13th St.**

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Multiple Myeloma**

## INTERVAL BETWEEN ONSET AND DEATH

**19 months**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**203x**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov 1 1960** to **4-5-62** and last saw him alive on **4-4-62**  
Death occurred at **6:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Raymond M. Smith, M.D.**

## 22b. ADDRESS

**5203 Chryseia St.**

## 22c. DATE SIGNED

**4-5-62**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**Apr. 7, 1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Sunset Burial Park**

## 23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**APR 5 1962**

## 26. REGISTRAR'S SIGNATURE

**Raymond M. Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.